THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against JUDD ANDERS, M.D., Respondent.	**Case No. 19-32760-1**

FILED
OCT 23 2019
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FIRST AMENDED COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq. General Counsel and attorney for the IC, having a reasonable basis to believe that Judd Anders, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 13557). Respondent was originally licensed by the Board on July 1, 2010, and is currently licensed in active status.

2. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. On August 19, 2014, Patient A, a 24-year-old female and a registered nurse with a long history of anorexia, was extremely dehydrated, malnourished, and very weak when she was transported to the emergency room at St. Mary's Regional Medical Center (St. Mary's), and she remained at this location from August 19, 2014 through August 22, 2014. Patient A's initial evaluation indicated the following: BP 93/74, P 55, Temp. 97.7, WBC 3.7, HGB 15.0, Hct, 43.8,

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Rachakonda D. Prabhu, M.D., Chairman, Ms. April Mastroluca and Victor M. Muro, M.D.

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BUN 60, and a Creat of 0.52. Additionally, Patient A's initial EKG showed atrial fibrillation, prolonged QT INT interval, and there was bradycardia noted, so she was transferred to the ICU for closer monitoring and a cardiologist was consulted. Patient A came under the care of Respondent and fellow hospitalist Dr. Ileana C. Deftu, M.D. It was planned for Patient A to be transferred to the Denver Health Medical Center[2].

4. On August 21, 2014, Respondent, who was working the night shifts at St. Mary's, was informed, at approximately 4:50 a.m., by the nursing staff of Patient A's lab results, the CMP, magnesium, phosphate and ferritin results, and the serial BMPs. Additionally, the nursing staff indicated to Respondent that Patient A was not showing signs/symptoms of bleeding and her hemoglobin/hematocrit were stable. Respondent did not provide any further orders for cultures and empiric antibodies and/or a chest X-ray, but did inform staff that Dr. Deftu would be in that morning to see the patient. At 10:15 p.m., the nursing staff informed Respondent of Patient A's WBC of 1300 and a Plct of 22 from the 10:00 p.m. lab results of BMP, magnesium and phosphate, and cortisol levels. Respondent did not provide any further orders for cultures and empiric antibodies and/or a chest X-ray after being informed of Patient A's worsening condition.

5. On August 22, 2014, Patient A suffered from severe bradycardia with a WBC of 1300, and was in shock with a BP of 78. Patient A was transferred to the ICU prior to her being placed upon an air ambulance to the Denver Health Medical Center. Upon Patient A's arrival, the records indicate that Patient A had blood cultures taken, and that she had pseudomonas aeruginosa and staphylococcus aureus in her blood. Later that day, Patient A expired, and her final summary states the cause of death as sepsis with shock and severe community acquired pneumonia. Records from the Denver Health Medical Center confirm that the staph (infection) was sensitive to the maxochllin and bacterium.

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[2] In 2013, Patient A previously underwent 6 months of treatment for her severe weight loss, very low BMI and other medical conditions, and was discharged without completing the entire treatment plan.

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Count I

NRS 630.301(4)

(Malpractice)

6. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

7. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

8. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

9. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he rendered medical care and treatment to Patient A.

10. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count II

NRS 630.3062(1)(a)

(Failure to Maintain Complete Medical Records)

11. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

12. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating a disciplinary action against a licensee.

13. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions when he treated Patient A, whose medical records were not timely, legible, accurate, and complete.

14. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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Count III

NRS 630.306(1)(b)(2)

(Violation of Standards of Practice Established by Regulation)

15. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

16. Violation of a standard of practice adopted by the Board is grounds for initiating disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

17. NAC 630.210 requires a physician to seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

18. Respondent failed to timely seek consultation with regard to Patient A's medical condition, which worsen under Respondent's care and should have sought consultation to address Patient's A's declining health.

19. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it finds and concludes that there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, to include sanctions to be imposed; and

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5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 16 day of October, 2019.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Rachakonda D. Prabhu, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 23rd day of October, 2019.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., Chairman

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CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 23rd day of October, 2019, I served a file-stamped copy of the FIRST AMENDED COMPLAINT via USPS e-certified return receipt mail to the following:

Judd Anders, M.D.
c/o Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas Street, Suite 300
Reno, Nevada 89519

Dated this 23rd day of October, 2019.

Sheri L. Quigley

Sheri L. Quigley, Legal Assistant